

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553473

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		2					
11		3					
12		2					
13		1					
14		1					
15		2					
16		2					
17		2					
18		1					
19		1					
20	1						
21	1						
22		1					
23		1					
24		2					
25		2					
26		2					
27		2					
28		2					
29		2					
30	1						
31		1					
32		1					
33		1					
34		1					
35		1					
36		1					
37		1					
38		1					
39		2					
40		2					
41		2					
42							
43							
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46							
47							
48							
49							
50							
TOTAL IND.	4						
TOTAL DEP.	51						
TOTAL CLAIMS	55						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							